



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

STATE

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| | |
|---|---|
| 1. Entity ID Number 000030791 | 2. Exact name of the Corporation ZION GOSPEL CHURCH |
| 3. State of Incorporation RHODE ISLAND | 5. Brief description of the character of business conducted in Rhode Island Church organization and related activities |
| 4. NAICS Code 813110 Religious Organi | |

| | | | |
|--|-------------------------|-------------|--------------|
| 6. Principal Office Address 90 Leonard Avenue | City East Providence | State RI | Zip 02914 |
|--|-------------------------|-------------|--------------|

7. List ALL officers (names and addresses) Check the box to indicate an attachment ☒

| | |
|-------------------------------------|---------------------|
| President Name Douglas Crandall | Vice-President Name |
| Street Address 84 Hammond Street | Street Address |
| City Seekonk | State MA |
| Zip 01835 | City |
| State | State |
| Zip | Zip |

| | |
|-------------------------------------|--|
| Secretary Name Patrick Gallagher | Treasurer Name Thelma Sowell |
| Street Address 325 Main Street | Street Address 20 Whelden Ave Apartment 209 |
| City Haverhill | City East Providence |
| State MA | State RI |
| Zip 01835 | Zip 02914 |

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

| | |
|---------------------------------------|-------------------------------------|
| Director Name Daniel Paglia | Director Name Sandra Crandall |
| Street Address 47 Goldsmith Avenue | Street Address 84 Hammond Street |
| City East Providence | City Seekonk |
| State RI | State MA |
| Zip 02914 | Zip 01835 |
| Director Name Partrick Gallagher | Director Name |
| Street Address 325 Main Street | Street Address |
| City Haverhill | City |
| State MA | State |
| Zip 01835 | Zip |

9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

| | |
|---|-------------------|
| Name of Officer/Authorized Representative Douglas Crandall | Date 6-30-2025 |
|---|-------------------|

Signature of Officer/Authorized Representative *Douglas Crandall* **FILED**

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JUN 18 2025

BY *[Signature]*